

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

544

Lobbyist's Registration Number

204

FOR OFFICE USE ONLY  
Postmark Date: 1-28-00

Roy  
1/14/93  
100%  
KSD

## Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 923-1400 or (600) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Wright Tom \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

1000451

2. BUSINESSPHONE (225) 383-5554  
Area Code and Phone Number

3. BUSINESS ADDRESS 442 Europe St., Baton Rouge, LA 70802  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS P. O. Box 4289, Baton Rouge, LA 70821-4289  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. EMPLOYER Louisiana Trial Lawyers Association

5. EMPLOYER'S ADDRESS 442 Europe St., Baton Rouge, LA 70802  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

i. Name Louisiana Trial Lawyers Association

Address 442 Europe St., Baton Rouge, LA 70802

Business or purpose Voluntary bar association

Association  
Does this person pay you? Yes

If No, who pays you?

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

